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LOS ANGELES, C	CA 90045	PARTIT & TR	16 /	·	JAMES W.	PAUL	<i>V 1</i>	(Depositor's name)
		& TR	ADEMARIE		<u> </u>	<u> </u>	1	(Signature)
			••	(∟	11/19/0	4		(Date)
APPLICATION NO.	FILING DATE	F	FIRST NAMED INVENTOR			ATTORNEY DO	OCKET NO.	CONFIRMATION NO.
10/705,517	11/10/2003		David A. F	еттега		MICRU:	66180	4838
TITLE OF INVENTION: V	ARIABLE STIFFNESS COI	L FOR VASOOCO	CLUSIVE DEV	/ICES				
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PUBLI	CATION FEE	TOTAL FEE	(S) DUE	DATE DUE
_ nonprovisional	YES	\$685			\$300	\$98: —	5	02/04/2005
EXAM	INER	ART UNI	Т	CLASS	-SUBCLASS	J		
JACKSON	N, GARY	3731		600	5-200000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Fee Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT (print or ty	pe)			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee of this form is NOT	lata will appea a substitute fo	r on the por filing an	atent. If an assig assignment.	gnee is identified	below, the	document has been filed for
(A) NAME OF ASSIGNI	EE	(B)	RESIDENCE	: (CITY ar	nd STATE OR ČO	JUNIKY)		2 00000223 10705517
MICRUS CORPORATION MOUNTAIN VIEW, CALIFORNIA02 FC:1504 300.00								
Please check the appropriate	assignee category or categor	ries (will not be pri	nted on the pat	ent):	Individual 🛂	Corporation or oth	ner private gi	30.00 roup entity Government
4a. The following fee(s) are	enclosed:		Payment of Fe	. ,				· · · · · · · · · · · · · · · · · · ·
☑ Issue Fee ☑ A check in the amount of the fee(s) is enclosed.								
Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to								
Advance Order - # or	Copies		Deposit Accou	ior is nerei int Numbe	by authorized by $-06-2425$	charge the requir	ose an extra	copy of this form).
5. Change in Entity Status a. Applicant claims Sl	(from status indicated above MALL ENTITY status. See)				ALL ENTITY sta	tus. See 37 C	CFR 1 27(a)(2)
								ation identified above. the assignee or other party in
Authorized Signature		>111	,			11/19/04		
Typed or printed name	JAMES W. PAUL	<u> </u>			Registratio	n No. 29,	967	-
This collection of information	on is required by 37 CFR 1.3	1. The information	n is required to	obtain or	retain a benefit by	the public which	is to file (an	nd by the USPTO to process)

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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	Application Number	10/705,517			
TRANSMITTAL	Filing Date	November 10, 2003			
FORM	First Named Inventor	David A. Ferrera			
(to be used for all correspondence after initial filing)	Art Unit	3731			
	Examiner Name	Gary Jackson			
Total Number of Pages in This Submission	Attorney Docket Number	MICRU-66180			

ENCLOSURES (check all that apply)							
Fee Transmittal Form	Drawing(s)	After Allowance communication to Technology Center (TC)					
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences					
Amendment / Reply	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)					
After Final	Petition to Convert a Provisional Application	Proprietary Information					
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter					
Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) (please identify below):					
Express Abandonment Request	Request for Refund	Return receipt postcard; \$1,700 check no. 003423					
Information Disclosure Statement	CD, Number of CD(s)						
Certified Copy of Priority Document(s)	Remarks						
Response to Missing Parts/ Incomplete Application	Customer No. 24201						
Response to Missing Parts under 37 CFR 1.52 or 1.53	· · · · · · · · · · · · · · · · · · ·						
SIGNATUI	RE OF APPLICANT, ATTORNEY, OR AGEN	IT					
Firm or Individual name							
Signature							
Date 11/19/0							

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MES W. PAUL

Date 11/19/04

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	for	FY	200	5

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) \$1,015.00

Complete if Known					
Application Number	10/705,517	-			
Filing Date	November 10, 2003				
First Named Inventor	David A. Ferrera				
Examiner Name	Gary Jackson				
Art Unit	3731				
Attorney Docket No.	MICRU-66180				

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)								
Check Credit card Money Other None		DDITIO		_					
Deposit Account:	Large I Fee	Entity Fee	Smal Fee	LEntity Fee	-	Di4i-		Fee Daid	
Deposit 0.6 2425	Code	(\$)	Code	(\$)		Description for or	-	Fee Paid	
Account Number 06-2425	1051	130	2051		Surcharge - late	-			
Deposit Account FULWIDER PATTON LEE	1052	50	2052	25	sheet	provisional	filing fee or cover		
Name FULWIDER FATTON LEE	1053	130	1053	130	Non - English s	pecification			
The Director is authorized to: (check all that apply)	1812	2,520	1812	2,520	For filing a requ	est for ex pa	arte reexamination		
Charge fee(s) indicated below Credit any overpayments	1804	920*	1804	920*	Requesting pub action	lication of S	IR prior to Examiner		
Charge any additonal fee(s) or any underpayment of fee(s)	1805	1,840*	1805	1,840*	Requesting pub	lication of S	IR after Examiner		
Charge fee(s) indicated below, except for the filing fee	1251	110	2251	55	action Extension for re	nly within fir	st month		
to the above-identified deposit account.	1252	430	2252	215					
FEE CALCULATION	1253	980	2253	490			oly within second month		
1. BASIC FILING FEE		1,530	2254						
Large Entity Small Entity Fee Fee Fee Fee Description		2,080	2255		Extension for re				
Code (\$) Code (\$) Fee Paid	1401	340	2401	.,	Notice of Appea	• •			
1001 790 2001 395 Utility filing fee	1402	340	2402	170	Filing a brief in s		n appeal		
1002 350 2002 175 Design filing fee	1403	300	2403		Request for oral				
1003 550 2003 275 Plant filing fee 1004 790 2004 395 Reissue filing fee	1	1,510			Petition to institu	_	use proceeding		
1004 790 2004 393 Reissde illing lee	1452	110	2452	•	Petition to revive	e - unavoida	ble		
		1,370	2453	685	Petition to revive	e - unintentio	onal		
SUBTOTAL (1) (\$)		1,370	2501	685	Utility issue fee	(or reissue)		685.00	
2. EXTRA CLAIM FEES FOR UTILITY AND Fee from	1502	490	2502	245	Design issue fee	е			
Extra Claims below Fee Paid	1503	660	2503	330	Plant issue fee				
Total Claims	1460	130	1460	130	Petitions to the	Commission	er		
Independent 3 3** = 0 X = 0.00 Claims Multiple Dependent =	1807	50	1807	50	Processing fee	under 37 CF	R § 1.17(q)		
Large Entity Small Entity	1806	180	1806	180	Submission of In	nformation [Disclosure		
Fee Fee Fee Fee Description Code (\$) Code (\$)	8021	40	8021	40			gnment per property		
1202 18 2202 9 Claims in excess of 20	1809	790	2809	395	(times number of Filing a submiss		•		
1201 88 2201 44 Independent claims in excess of 3					(37 ČFR § 1.1)	29(a))	•		
1203 300 2203 150 Multiple dependent claim, if not paid	1810	790	2810	395	(37 CFR § 1.1)		n to be examined		
1204 88 2204 44 ** Reissue independent claims	1801	790	2801	395	Request for Cor	ntinued Exar	mination (RCE)		
over original patent	1802	900	1802	900	Request for exp		nination		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	Oth	er fee (specify) \$300	publication fee; \$			330.00	
SUBTOTAL (2) (\$) \$0.00		`							
	*P^	duced b	w Raci	Filing	Fee Paid	SUBTO	TAL (3) (\$)	\$1,015.00	
**or number previously paid, if greater; For Reissues, see above	1,60	1	y Dasil	, imig	1,001,010		(4)	71,015.00	
SUBMITTED BY	- // /	/ Registr	atio 61NI	<u>. </u>		Complete (
Name (Print/Type) JAMES W. PAUL		Registra (Attorne)	//Apent)	<u>". </u>	29,967	Telephone	310 824 5	5555	
Signature	1/ ~		1			Date	11/19/04		

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This collection of incommentation is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.